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<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. OHT-0018																																												
Application No. 10/602,875-Conf. #2244		Filing Date June 25, 2003		Examiner C. A. Hannon	Art Unit 2685																																										
Applicant(s): Masahito Honda																																															
Invention: SLIDE-TYPE MULTI-DIRECTIONAL INPUT KEY																																															
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>																																															
<table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>14</td><td>- 20 =</td><td></td><td>x</td><td></td></tr><tr><td>Independent Claims</td><td>1</td><td>- 3 =</td><td></td><td>x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td align="right">0.00</td></tr></tbody></table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	14	- 20 =		x		Independent Claims	1	- 3 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																															
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
<p align="right"><i>R</i> <i>D</i> <i>47,255</i></p> <p>David T. Nikaido Attorney Reg. No.: 22,663</p> <p>RADER, FISHMAN &amp; GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750</p>				Dated: <u>January 19, 2006</u>																																											



Docket No.: OHT-0018  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Masahito Honda

Application No.: 10/602,875

Confirmation No.: 2244

Filed: June 25, 2003

Art Unit: 2685

For: SLIDE-TYPE MULTI-DIRECTIONAL INPUT  
KEY

Examiner: C. A. Hannon

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated October 19, 2005, please amend the above-identified U.S. patent application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.